

Proposals for provision of compensatory rest for Consultants on 1:3 and 1:4 rotas

Context

The onerous nature of 1:3 and 1:4 rotas is recognised and the Health Service Management (HSE, DoH and DPER) is committed to the elimination of all rotas in excess of a 1:5 requirement.

This paper sets out the arrangements to apply to rest days accrued by Consultants in the period from 1st January 2013 and those to apply with effect from _____ (*date to be agreed*).

Approach to rest days accrued since 1st January 2013

Consultants rostered on 1:3 and 1:4 rotas in the period since 1st January 2013 have, in some instances, neither benefited from rest days nor payment in lieu of same. Taking that into account, it is noted that HSE-funded hospitals and agencies were not funded to support the provision of rest days during this period. In this context the following arrangements apply to rest days accrued during this period.

Consultants rostered on 1:3 and 1:4 rotas in the period since 1st January 2013 who have not benefitted from rest days or payment in lieu of same on the following basis

- 1:3 on-call roster - 2 days in lieu per 4 week period;
- 1:4 on-call roster - 1 day in lieu per 4 week period.

may submit claims to the employer for either payment in lieu of rest days or equivalent additional annual leave.

The employer is required to verify the Consultant's claim and provide for appropriate payment, leave or a combination of both. It will be for the Consultant and the employer to determine the timescale for payment and/or leave.

Should there be continuing disagreement regarding the issue the Consultant can refer the matter to Stage 2 of the Consultant Grievance and Disputes Procedure.

Provision of compensatory rest with effect from _____

With effect from _____ (*date to be agreed*) and pending elimination of rotas in excess of a 1:5 requirement, the amount of compensatory rest accruing to a Consultant arising from provision of service while on-call would be determined as follows:

1. Rest would be determined by reference to when the on-call incident occurred and the complexity of the service requirement and the amount of time spent providing the service. There will also be recognition of the impact being available on-call for onerous rotas has on personal and family life. Taking this into account:
 - a. rest would differ depending on the when the on-call incident occurred – before or after midnight or on a weekday or weekend – and the amount of time spent providing the service;
 - b. rest would differ when a telephone consultation is utilised and the Consultant is not required to attend on-site;
 - c. recognition for the impact that onerous rotas have on personal and family life. In recognition of this, and regardless of the rest assigned for each on-call incident, there will be a minimum number of rest days associated with the rotas as follows: 1:3 – 15 days; 1:4 – 10 days.

2. Taking account of 1a. and b. above, the amount of rest assigned to each on-call incident would be as follows;
 - a. Before midnight:
 - i. Attendance on-site: 2 hours or actual time if exceeded
 - ii. Telephone consultation: 30 minutes or actual time if exceeded
 - b. After midnight:
 - i. Attendance on-site: 3 hours or actual time if exceeded
 - ii. Telephone consultation: 60 minutes or actual time if exceeded
 - c. On a Saturday or Sunday or bank holiday as opposed to a weekday:
Attendance on-site on a Saturday or Sunday would result in double the rest arising from attendance on a weekday. Telephone consultation: minutes double that provided for on a weekday or actual time if exceeded.

“Attendance on site” will commence from the initial contact with the Consultant and include travel time to and from the location. Each Consultant would be responsible for recording each incidence of call-out.

3. Total compensatory rest due to the Consultant would be calculated at the end of each calendar month and this amount of rest would where possible have to be taken by the end of the following month or at the latest, within 8 weeks

For example, the total amount of rest a Consultant wished to claim in March would be:

- a. submitted to the Clinical Director by a defined date;
- b. submitted in a standardised format by email only;
- c. calculated and certified as accurate by the Clinical Director (with administrative support) within one week;
- d. taken by the end of April or within 8 weeks. In effect, this would mean that, on average, compensatory rest would have to be taken within 7 weeks;
- e. When for operational reasons a Consultant cannot take all or any of their compensatory rest within 8 weeks the hours outstanding will be paid at the relevant hourly rate.

Late submissions may not be accommodated. Where rest claimed was not certified by the Clinical Director, the Hospital Manager / CEO would make a final determination of what rest, if any, was to be provided. At the conclusion of the hospital process should the Consultant not accept the determination s/he can refer the matter to Stage 2 of the Consultant Grievance and Disputes Procedure.

4. Clinical Directors, in consultation with the Consultant, would have the authority to determine when rest was taken and to require the Consultant to take rest prior to the end of the period described at 3) above where service allows.
5. Clinical Directors would have the authority to assign additional rest to Consultants where time spent providing on-call services consistently exceeds 3 call-outs per month. In such circumstance, the Clinical Director will assign up to 150% additional rest to the Consultant, to be taken in line with 3) and 4) above.

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